DOCUMENT RESUME

ED 329 848 CG 023 218

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TITLE Empathic Role Taking: A Tool for Teaching Family Therapy Interventions.
PUB DATE Aug 90
NOTE 17p.; Paper presented at the Annual Convention of the American Psychological Association (98th, Boston, MA, August 10-14, 1990).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counseling Techniques; Counselor Training; *Creativity; *Empathy; *Family Counseling; Graduate Students; Role Playing

ABSTRACT

The three processes of empathy, creativity, and family therapy intervention are connected. A review of the literature about empathy has shown the therapist's level of empathy to be positively associated with certain traits: cognitive flexibility, cognitive differentiation, perceptual sensitivity, and tolerance of ambiguity. A summary of the salient traits of creative individuals includes openness, a sense of wonderment, permeable boundaries, sensitivity, freedom from preexisting sets, and a capacity for non-judgmental responses. Family therapy literature also speaks to an ability to "see" differently in order to "think" differently. The affective processes of identification and resonance, the cognitive process or role-taking, prediction and communication, and the inseparable intertwining of affective and cognitive processes have been identified as contributing to empathy, creativity and family intervention. The affective and cognitive processes empirically identified are discrete, yet exist along a continuum, and often are indistinguishable. The descriptive phrases of "cognitively flexible," "openness to diversity," and "sensitive to their own perceptions," are key elements of the three processes discussed in this paper. (LLL)

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SYMPOSIUM

EMPATHY AS A CREATIVE PROCESS: DEVELOPING PARENTS, TEACHERS AND COUNSELORS

EMPATHIC ROLE TAKING: A TOOL FOR TEACHING FAMILY THERAPY INTERVENTIONS

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Paper presented at the 98th Annual Convention
of the American Psychological Association
Boston, Massachusetts, August 10-14, 1990

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The focus of this symposium is to examine the complex phenomenon, empathy (Gladstein 1977, 1983), as a creative process. As an educator of family therapy, I am committed to develop, as fully as possible, student skills for creating changes in families. Even though I recognize teaching as integrating and encompassing specific course content and methods for presenting the content, for this presentation I am choosing to discuss the process of family therapy I hope for students to develop rather than the content of the courses.

Relationship between the processes of empathy, creativity, and family therapy

Whenever I reflect about how I want to teach students the process of intervening with families, I am intuitively struck by the relationship that exists between empathic and creative processes and family therapy interventions. My intuition is accompanied by persuasive arguments presented by Dolores Gallo (1989) who discusses the multiple perspectives from which to view a relationship between empathy and creativity. In addition, descriptions I have incorporated from counseling and psychotherapy literature (Rogers, 1951) and my own clinical experiences lead me to argue for empathy as a skill family therapists may wish to develop in order to make a connection, or

"join" with families. If the empathic process facilitates the creative process of an individual, as Gallo (1989) has suggested, then I cannot avoid noting a point of connection between the empathic process, as a creative process, and the family therapists' ability to create interventions.

These three processes of empathy, creativity, and family therapy intervention are connected. An effective family therapist, I contend, learns to implement all of these processes simultaneously because of the overlapping of some of their characteristics. To support this latter idea I will begin my discussion by a brief statement about each process and then I will draw out similarities of one to another.

Creativity.

Creative thinking has been used interchangeably with "imaginative thinking," "creative problem solving," and "imagination." (Gallo, 1989) These creative processes have been characterized as divergent operations that "emphasize highly flexible intellectual functioning, capable of rapid, often drastic changes in problem representation,...marked by the generation of questions, alternatives, hypotheses, and problem statements,...(and) leading to the production of large numbers of varied responses, to the construction of original ideas and logical possibilities" (Gallo, 1989, p.102).

Empathy.

Empathy, as a concept drawn from the fields of philosophy, psychology, sociology, and anthropology, has an inclusive

definition: to understand, to feel along with, to anticipate or to predict what others will do (Gladstein, 1977; Goldstein & Michaels, 1985; Ham, 1987). This comprehensive definition of empathy involves affective and cognitive processes: an affective process for taking on the feelings of another person and a cognitive process for understanding what another person is thinking or feeling (Gladstein, 1983). These affective and cognitive processes have been characterized by Theodore Lipps (1926) as an operational process of interaction: specifically for one person to know another person through a process of interaction with the other.

Family Therapy.

One of the primary tasks of a family therapist is to make contact with a family, "to join" with a family group. For family therapists, joining with a family is a process of "crossing over" into the family unit. A family unit is a living system comprised of individuals whose interrelatedness develops and changes, yet maintains an organized whole. By crossing over into a family unit, a family therapist creates a family crisis. This family crisis is actually a therapeutic intervention, for crisis alters the expected family behavior, the family homeostasis, and creates change. The skills of joining with a family become, then, important to the process of family therapy and making interventions with families.

Relationship Between Processes.

Literature and research have suggested that certain trait-like qualities exist in individuals who are empathic and creative. In addition, these trait-like qualities are descriptors for a state-like quality, the immediate subjectively and objectively perceived emotions of individuals engaged in these processes. These trait and state-like qualities can be identified as useful characteristics of family therapists as well as individual therapists. This statement implies that empathy and creativity are important processes prior to and during family and individual therapy.

A review of the research literature about empathy (Goldstein & Michaels, 1985) has shown the therapist's level of empathy to be positively associated with certain traits: cognitive flexibility, cognitive differentiation, perceptual sensitivity, tolerance of ambiguity. Negatively related to empathy are therapist's traits of dogmatism and need for consistency and order. These same qualities have been used to describe creative thinkers. A summary of the salient traits of creative individuals (Gallo, 1989) includes openness, a sense of wonderment, permeable boundaries, sensitivity, freedom from pre-existing sets, and a capacity for non-judgmental responses. Family therapy literature also speaks to an ability to "see" differently in order to "think" differently (Hoffman, 1981). The recent position of family therapy as a language system proposes that family therapists are artful facilitators of conversation,

co-creators of new realities, sensitive listeners of a family's narrative.

The affective processes of identification and resonance, the cognitive processes of role-taking, prediction, and communication, and the inseparable intertwining of affective and cognitive processes have been identified as contributing to empathy, creativity and family intervention. The affective and cognitive processes empirically identified are discrete, yet exist along a continuum, and often are indistinguishable (Ham, 1987). Empathy, creativity, and family intervention, too, are discrete processes, yet may overlap and contribute to the development of one another.

Empathy as a skill of family therapists

Little attention has been given to the place of empathy in family therapy. Often family therapists claim that they facilitate empathic understanding and behavior among family members rather than engage empathically with individual family members. Yet family therapists also report resonating or identifying more with one family member than another. Perhaps the inclusive loci of focus, from intrapsychic to interactive, from individual to social and anthropological, contribute to the lack of clarity in how empathy contributes to family therapy. In addition, the elusive quality of empathy does not limit its definition, nor its function, only to a <u>trait</u> (innate or

learned), a state (subjectively experienced), or a behavior (affected by an interaction). Most likely, the implementation of empathy in family therapy includes all of these conditions.

As an example of research that makes this claim, Feshbach (1978) concluded in her research that a certain level of cognitive and affective development in a person is needed to be able to have empathy. Her research highlights the importance of affective and cognitive components in three operational aspects of empathy she identified: (1) to be able to recognize and discriminate affective states in another, (2) to be able to assume the perspective, role, and affect of another, and (3) to have the affective responsiveness and capacity necessary to empathize.

From the general and most used definition of empathy - to understand, to feel along with, to anticipate or predict what others will do - comes the impression that understanding leads to empathy as indeed it does. However, empathic understanding in itself does not necessarily lead to therapeutic behavior. In psychotherapy and counseling literature accurate empathy involves more than just the ability of the therapist to sense the client's private world or know what the client means. Accurate empathy is the degree to which the therapist is successful in communicating his or her awareness and understanding of the client's current feeling in language attuned to that client (Lambert, DeJulio, & Stein, 1978). This definition of accurate empathy distinguishes between empathic ability, a trait that is innate or learned by a

therapist, and empathic communication, a set of behaviors affected by the interaction with a client (Ham, 1987). Accurate communication of empathy, considered the final stage of empathy (Keefe, 1979; Truax & Carkhuff, 1967), involves a process through stages: (1) perceiving overt behaviors of a client, both verbal and nonverbal, (2) accurate understanding of the meanings of the client, (3) experiencing affective responses to the client's messages while remaining as free as possible from cognitive distortions such as stereotyping and value judgments, (4) separating feelings shared with the client from those held alone, and (5) accurate communication of reactive feelings back to the client so that he or she feels understood (Keefe, 1979).

In family therapy accurate empathy also occurs in multiple stages. However, the multiple stages occur simultaneously and not consecutively. The process to include accurate empathy has been called the social stage by Jay Haley (1985) and a "joining" stage by Carter Umbarger (1983). The process of a family therapist joining a family as a process of empathy involves both the family and the therapist experiencing the multiple feelings, thoughts, and behaviors at the point the family and therapist encounter each other. From the perspective of the family therapist, diagnosis of the family is similar to an empathic understanding of the entire system as well as the individual members. The family, in turn, responds to the therapist not as one person acknowledges that another understands him or her but

as a response to the personal style and position a therapist takes with a unique group with diverse group members.

The empathic states of sensitivity, awareness, resonance, atunement, trust, and unconditional regard come into play as a family therapist "knocks at the door" of a family. These are affective components.

Cognitive elements are evident as well in the joining process. Prediction, role taking, and communication have been discussed as skills acquired as part of an individual's cognitive development (Flavell et al., 1968).

As a predictive skill, empathy involves the process of creating inferential strategies that occur even in the absence of the other person (Chandler, Greenspan, & Barenboim, 1974). These inferential strategies, where one person forms an hypothesis or working model about another person's point of view and experience, require the complex cognitive process of empathic understanding. For a family therapist, forming an initial hypothesis is speculative and the basis for gathering more information to be either confirmed or refuted (Papp, 1983). In family therapy the hypothesis only has to be relevant, not accurate. The family therapist takes the hunches and hypothesis bases upon inferential strategies and uses them with a family to create direct of indirect interventions or to facilitate conversation. The family acknowledges to the therapist the relevancy of a hypothesis by some kind of feedback to the therapist.

Role taking, a cognitive skill of empathy, involves the ability of an individual to learn to grasp attributes of another individual (Flavell, et al., 1968). This process of grasping attributes of another as in prediction, is an inferential process based upon a knowledge of people in particular situations and an awareness of the cues they offer. In a broad sense, role taking involves the interaction between oneself and a social environment. However, role taking is a covert process of adopting the perspective or attitude of another. Role enactment, in contrast from role taking, involves carrying out role behaviors in an overt manner. In "joining" with a family, a family therapist engages in a covert process of understanding the perspective and meaning the family gives to their behaviors. In the respectful act of "knocking at the door of the family," the family therapist uses the cognitive skill of role taking, a component of empathic understanding.

Empathic communication, also a cognitive skill, is an overt operational behavior. In family therapy, the therapist is working with a human, language generating system where meaning and understandings of behaviors is agreed upon by two or more people (Goolishian & Anderson, 1990). It is impossible to know (understand) what another person is experiencing; we can only attempt to understand what they say about it. (Goolishian & Anderson, 1990). This act of communication requires the individual therapist to use accurate empathy, a skill where the therapist is successful in communicating his or her awareness and

understanding of a client back to the client. In family therapy, this act of communication requires the family therapist to use accurate empathy in order to facilitate, among all the participants in the therapy, the process of sharing their meanings for behaviors, including expressed feelings.

Creative development of family therapy interventions through empathic role play

Although we can conceptualize relationships between empathy, creativity, and family therapy, an implementation of this merger has been a challenge and one I chose to incorporate in my teaching of family therapists. The descriptive phrases of "cognitively flexible," "openness to diversity," "sensitive to their own perceptions," come to my mind as key elements of the three processes discussed in this paper and as possible components to operationalize. These are the elements I wish to bring into the classroom and share with my students.

Role play of a family interaction has been the vehicle I use to teach and integrate empathic awareness and communication, creative thinking, and interventions useful in family therapy. I justify the use of role play as a teaching format by drawing upon psychodrama and role attribution theory and research that gives supportive evidence of the usefulness of "actors" taking on a specific point of view and responding "as if" they had actually experienced a particular set of feelings and behaviors within a particular interpersonal event (Galper, 1976; Jones and Nisbett,

1971; Moreno, 1962; and Storms, 1973).

As a teaching tool I use role taking, a behavior required for role play, to draw out my students' capabilities to be empathic and creative. Role taking becomes a means for them to engage with a family and to learn how to create ways of change along with a family. I find that role taking encourages students to put themselves symbolically in the place of another person: To adopt the attitudes of another, to predict the behavior and sense the feelings of another. In order for them to take on the role of another, students begin to interact among themselves: their histories, their internal experiences, and their perceptions of the environment. How "creatively" they interact among themselves depends upon the key elements defining empathy and creativity: divergent thinking, openness, and flexibility. In addition, students in a role play provide stimuli for each other. They are an "audience" for the other "actors" as well as "actors." In this interaction, between actor and audience, not only does the actor predict or make empathic inferences about the expectations of the audience, the actor adjusts his or her performance to meet the expectations and needs of the audience (Hogan, 1975). Role taking becomes, as a role play progresses, an empathic and creative process for all participants.

To continue the learning process in a family therapy class, I use the students' experience in taking on the roles of others as a tool for them to create family interventions. Each student takes on the role of various family members as well as the family

therapist. In each role students have the opportunity to feel, perceive, and behave as some one else. As important as taking on the role of a family or therapist, students are also asked to disclose, after a role play, their experience of role taking. The conversation among the students about their roles generates excitement, evokes ideas, and leads to the creations of possible interventions for the family. Students have reported that "theory comes alive" as they try out behaviors in taking the role of therapist and, in turn, ate given "feedback" about their performance from students who have taken roles of family members. The feedback from students in family roles is not only an objective critique of the therapist's performance, but is a disclosure of an empathic awareness of how the therapist's intervention affected them as a family member. The role taking increases the students' sensitivity to any role they take on.

As the students begin to construct effective interventions with a family, they use their empathic awareness of how family members feel gained from their experience in role taking family members. With their empathic awareness of their experiences as well as memories of feedback sessions, they can imagine two or more possible reactions to any intervention. With their own internal flexibility or multiple perspective added to the interaction of the family they are encountering at the moment, a creative environment exists: an environment where multiple possibilities exist for creating family interventions.

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